

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY	
O7 JAN 29 A10:35 STATE OF HAWAII STATE ETHICS COMMISSION	<i>f</i> '4

LOBBYIST REGISTRATION FORM

PARTI LOBBYIST	(Type of Pi	rint Clearly)		
NAME (Last)	(First)	(Middle)	TELEBRIONE	
Botti	Richard	C.	TELEPHONE	
MAILING ADDRESS (Street)		<u> </u>	808-479-7966	
820 Mililani St., Suite 810			FAX	
÷ 3,			808-599-2606	
(City)	(State)	(Zip Code)		
Honolulu	HI	96813		
EMPLOYING ORGANIZATION (Fill in only if yo	NI are employed by a business of		30013	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) LEGISLATIVE INFORMATION SERVICES OF HAWAII, INC.			TELEPHONE	
			808-533-6750	
IAILING ADDRESS (Street)				
820 Mililani St., Suite 810		FAX		
			808-599-2606	
(City)	(State)		(Zip Code)	
Honolulu	HI		96813	

PART II ORGANIZATIO			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) DeHart and Darr Associates, Inc. MAILING ADDRESS (Street) 1360 Beverly Road, Suite 201		TELEPHONE 703-448-1000	
		FAX	
		703-790-3460	
(City)	(State)	(Zip Code)	
McLean	VA	22101	
Anne Darr	OR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE 703-443-1000	
MAILING ADDRESS (Street) 1360 Beverly Road, Suite	201	FAX	
(City) McLean	(State)	703-790-3460 (Zip Code)	
wichean	VA	22101	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	✓ Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	C Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	∠ Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	(T) Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	√ Public Safety & Corrections			
CARTIV CERTIFICATI	ON OF LODDWICT				
PART IV CERTIFICATI		to in to the heat of my knowless	des serves and semulate		
Tribaleby certify triat to	ie iliigimauom iumismeu abov	ve is, to the best of my knowled	ige, correct and complete.		
14 Les XC			24-07		
	(Signature of Lobbyist)		(Date)		
	TION TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Anne Darr		Vice President			
NAME OF ORGANIZATION (if	applicable)		TELEPHONE		
DeHart and Darr Assoc	ciates, Inc.		703-448-1000		
MAILING ADDRESS (Street)	ı		FAX		
1360 Beverly Road, Su	iite 201		703-790-3460		
(City)	(State)		(Zip Code)		
McLean	VA	:	22101		
I hereby authorize the	∍ above - named person to er	ngage in lobbying activities on b	behalf of the undersigned.		
. 🚓		1/2	2/2002		
(Signature of A	Authorizing Officer or Person Repres	ented) (/ V)	(Date)		
		ontou)	(Date)		